

Dynasty Care Ltd

# Dynasty Care Limited

## Inspection report

15 Nelson Road  
Whitton  
Twickenham  
TW2 7AR

Tel: 02088986476  
Website: [www.dynastycare.co.uk](http://www.dynastycare.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an announced inspection of Dynasty Care Limited on 25 September 2018.

Dynasty Care Limited is a small service which provides personal care and support services to people living in their own homes, including older people with dementia. At the time of our inspection the service provided support to 10 people.

At the previous inspection on 31 July 2017 we found that the service was not meeting all the quality standards and was rated "Requires Improvement" in the key areas of safety, effectiveness, being responsive to people's needs and in the management and leadership of the service. The inspection rated the service overall as "Requires Improvement".

We asked the service to provide us with an action plan for improvement and we monitored improvement during this inspection. At this inspection we found that the provider and registered manager had made the necessary improvements to their service.

At the previous inspection we found that the provider did not have suitable arrangements to protect people against the risks associated with the management of medicines. The registered manager had not ensured that staff follow National Institute for Health and Care Excellence (NICE) guidelines for the recording of medicines taken or refused which meant that the registered manager could not be sure that medicines were administered safely.

At this inspection we found that records of medicines were accurately maintained and that staff were confident in administering medicines because they had had adequate training in medicines administration. People and relatives confirmed that medicines records were kept and that they received their medicines as prescribed.

At the previous inspection we found that the registered manager did not have systems in place to ensure care staff received appropriate or regular training and support to effectively meet people's needs.

At this inspection we found that improvements had been made to the planning and recording of staff supervision and training. Records indicated that regular supervision was held and was carried out both in the form of individual conversations and in the carrying out of spot checks. There were records of up to date mandatory training and refresher training for staff.

At the previous inspection we found that the provider did not always follow the service's complaints policy and procedure correctly, which had led to some people's complaints not being appropriately responded to.

At this inspection we found that there were records of any issues or concerns and recorded details of how people were responded to, together with checks that people were satisfied with the outcome. People and

their relatives expressed satisfaction with the way they could raise any issues with the registered manager or provider.

At the previous inspection we found that the service did not have good governance arrangements in place to assess, monitor and improve the quality and safety of the services provided. Audits and checks by the registered manager had not always been carried out, such as regular supervision, spot checks to monitor quality or developing quality assurance systems to receive and act on the feedback of people who used the service.

At this inspection we found that the registered manager had improved their good governance arrangements. These included regular telephone contact with people, spot checks, surveys and recorded audits of the service.

At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were encouraged to make their own choices and maintain their independence. They were included in risk assessments to ensure that care was provided in a safe manner. People received personalised care in accordance with care plans which included risk assessments and instructions on how people preferred their care to be given. Staff had received basic training in and were aware of, policies and procedures designed to keep people safe, including safeguarding people from abuse, the use of hoists and the management of medicines.

There were systems in place to guide staff in reporting any concerns. The registered manager and care staff were aware of the Mental Capacity Act 2005 (MCA) code of practice.

People were supported to eat healthily where this was part of the agreed plan of care. In addition, care staff brought any concerns regarding nutrition or fluid intake to the attention of the manager so that they could be raised with relatives if necessary. People received the support they needed to stay healthy and to access healthcare services.

People and their relatives were satisfied with their service. Feedback from people was positive throughout. People felt that they were with a care provider they could trust and they liked their care workers who were described as kind, caring and respectful. They told us their needs were met and the way in which they were cared for reflected their preferences. People were involved in planning and reviewing their own care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were procedures in place to ensure appropriate staff were employed in sufficient numbers to care for people in a safe way.

Medicines were managed in a safe manner and recorded appropriately.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

Staff knew how to recognise signs of potential abuse and the action they needed to take.

### Is the service effective?

Good ●

The service was effective. The registered manager provided staff with sufficient training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the Mental Capacity Act and acted in people's best interests.

People were supported to eat healthily, where the service was responsible for this and nutrition and hydration was monitored. If staff had any concerns about a person's health appropriate support was sought.

### Is the service caring?

Good ●

The service was caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence and policies emphasised the importance of maintaining dignity and respect

Each person's individual needs were identified in their care plan.

### Is the service responsive?

Good ●

The service was responsive. There were appropriate systems in place to enable concerns to be raised and for these to be responded to promptly.

People were involved in discussions and decisions about their care and support needs.

Care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

**Is the service well-led?**

The service was well-led. The service had good governance arrangements in place to assess, monitor and improve the quality and safety of the services provided.

The registered manager encouraged an open culture which enabled staff to feel they could raise any issues of concern.

Records were held securely and confidentially.

**Good** 

# Dynasty Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection. We reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and the registered provider. We reviewed the care records for three people using the service and the employment folders for three care workers. We looked at records and policies relating to the management of the service including medicine administration records (MAR).

We spoke with four people who used the service and three family members. We also spoke with five members of staff.

# Is the service safe?

## Our findings

At the previous inspection we found that the provider did not have suitable arrangements to protect people against the risks associated with the management of medicines. Some care staff reported that there were sometimes delays in the supply and provision of medicine administration records (MAR) to people's homes. This meant that sometimes staff would administer medicines but not record this until later, when they received a MAR sheet, which sometimes did not happen for a day or more after administration.

During this inspection we found that the management of the recording of medicines had improved. Staff confirmed that medicines records were delivered and the completed records taken away for storage in the service. We saw up to date records of medicines safely stored in the office and the registered manager described how medicines records were delivered at the end of each monthly cycle to people's homes.

Medicines records were accurate, with no gaps and signed by the staff member administering the medicine. One member of staff told us, "Things have really improved since last inspection. [The registered manager] is much hotter on medicines and Mar sheets."

People told us they felt safely supported with their care which was provided by care staff whom they knew and who were regular. One relative told us, "I have used them for a while now. I am very happy with the service. [My relative] knows them and they are the same carers that turn up which helps her feel safe. If I have any problems I can speak to [the registered manager] and she will sort things out."

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected. Staff confirmed they had completed training in safeguarding adults and said they would feel confident in approaching the registered manager if they had any concerns.

People told us they discussed their support needs with staff. This included risks to their safety and welfare, for example, risk assessments that looked at all aspects of how people's support was provided, including the use of hoists.

The service followed adequate recruitment procedures. Staff records showed that appropriate safety checks were carried out. Recruitment included an application, interview, reference checks and checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Staff carried identification badges to further ensure that people felt safe and secure as to who was at their door.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care. One staff member commented, "I have gloves and aprons and can get fresh supplies whenever I need them."

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff care workers to help make sure people's rights and diverse needs were respected. Care staff completed online training and had a good understanding of how to protect people from discrimination and harassment.



# Is the service effective?

## Our findings

At the previous inspection we found that the service did not hold an adequate record of training that staff had undertaken or details of any refresher training scheduled. We also found that supervision and monitoring of staff was sporadic and poorly recorded.

At this inspection we found that supervision and training of staff had improved and that there were records held of regular meetings between staff and the registered manager. In addition, spot checks were used as part of staff performance monitoring and feedback.

Training was completed by staff and certificates and records held. In addition to mandatory basic training, some staff had also taken national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF).

One staff member told us, "I can talk to [registered manager] any time. I receive supervision and I have recently updated training on medicines and data protection." Another staff member said, "I have had training and supervision and know how to write in the care book and complete medicines charts." One staff member told us how they were taking a course about specific physical illnesses and conditions which had a direct and positive impact on their work with some people.

People said they were confident that staff knew how to support them. One person told us, "Our girl is consistent and very caring. There is a care plan and the girl records things in there, including medicines. I get phoned now and then asking me about care and I have received questionnaires. It's a very good service."

Staff had received training in The Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people receiving services in their own homes applications would be made to the Court of Protection.

Relatives we spoke with told us staff offered support to their family member and checked they wanted to receive care, and their wishes were respected. At the time of inspection there were no people whose circumstances required an order to be made by the Court of Protection that resulted in the person being

deprived of their liberty.

People were supported to eat and drink enough and to maintain a balanced diet, where this was part of their agreed care plan. Staff had received training in food hygiene and handling.

There were arrangements in place to support people with their health needs. The service held details of people's GP and had contact details of local community teams.

## Is the service caring?

### Our findings

People using the service told us their privacy and dignity was respected and that they were treated with kindness. People were consistently positive about the caring attitude of the staff. One person told us, "The staff are very friendly and leave the home tidy." A relative said, "The staff are very good. They are very kind."

Care staff spoke respectfully about the people they supported. Staff generally described caring as treating people the way you would treat a family member. One staff member said, "We always check with clients and family what they would like us to do. It's what they want that is important."

People had their dignity and privacy respected and promoted. Staff had received training in person-centred care which included dignity and respect as topics.

Care plans included some information about the person's background and preferences. The service matched staff to people according to their stated preferences including gender and cultural background where possible. The registered manager told us they put a strong emphasis on providing a personalised care service and getting to know people well. This required visiting the person before agreeing what the care package would be and asking the person and their relatives what they would like.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence. The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person-centred, and included input from families. One person told us, "The carer does everything efficiently and always asks me what I need doing. If I need anything changed that's no problem to them. She gives me lunch and it's always hot and she always writes her notes in the care book."

Other people and their relatives confirmed that they received regular contact with the registered manager to enquire whether they were still happy with the care arrangements, which offered them an opportunity to confirm or to suggest changes.

# Is the service responsive?

## Our findings

At the previous inspection we found that the registered manager had not adequately addressed concerns from people and their relatives about their service. Although there had been notes that a matter had been raised, it was not adequately concluded. There had been no formal investigation into the concerns and no response given to the people who raised the concerns.

As Dynasty Care is a small bespoke service the registered manager believed the matters had been resolved in an informal manner. This had led to a lack of evidence that investigation had taken place or that it had been resolved with the complainants or the care staff. There were no records logging the concern or how it was resolved.

At this inspection we found that there were professional systems in place to record and investigate complaints and concerns. These included a section on how the service could learn from any concerns expressed. The service had not received any complaints since the previous inspection. The registered manager put this down to improved spot checks and telephone calls with people. People we spoke to and their relatives did not express any dissatisfaction or concerns with the service.

Staff recorded the care they had provided at each visit and recorded any concerns they had about a person's wellbeing or conditions.

People told us they were happy with their support and that they felt the service was responsive to their needs. One person told us, "I had trouble understanding my carer and she had trouble understanding me. Everything else was fine, just the communication. I spoke to the manager and a different carer is being allocated to me."

A relative described how, if they needed more care hours, or care hours at short notice, the service was always able to be flexible and provide this. Another relative described how, when staff at short notice went off sick, the registered manager and provider stepped in immediately to fulfil the care tasks for the person.

One member of staff spoke positively about attending a course on specific disabilities or conditions which applied directly to people they cared for. "It really helps me understand their needs, and also helps me to understand that they are still perfectly able to tell me what they want and how they want it. This means I know I am doing what they want rather than just what I think they want."

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by the registered manager, including of the care documentation in place at the person's home. Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided and information about any changes in care needs.

# Is the service well-led?

## Our findings

At the previous inspection we found that the service did not have good governance arrangements in place to assess, monitor and improve the quality and safety of the services provided. Audits and checks by the registered manager had not always been carried out, such as regular supervision, spot checks to monitor quality or developing quality assurance systems to receive and act on the feedback of people who used the service.

At this inspection we found that the registered manager had improved their good governance arrangements. These included regular telephone contact with people, spot checks, surveys and recorded audits of the service.

The registered manager described how they had focussed on making sure that contact and communication with staff was followed through with proper recording and dates for review. We were able to see examples of spot check reviews, care plan updates, questionnaires and surveys, together with policies and procedures which focussed on learning and people's rights.

People who used the service, relatives and staff consistently gave good feedback about the governance of the service. One person told us, "The care is consistent, we receive regular calls to ask us about the care, we receive questionnaires and we can get in touch with the office really easily."

A staff member told us, "It's a great agency to work for. [The manager] is really easy to talk to and she gives me supervision as well. I feel I can speak about any problems with work, or talk about the clients with her as well as the family."

People told us they felt satisfied with the way the service managed their care and communicated with them. The provider had notified the Care Quality Commission appropriately regarding notifications of safeguarding or other incidents.

A registered manager was in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision. Links with the local authority social services team and GPs had been established. The service was a member of the United Kingdom Care Homes Association and the local authority domiciliary care forum.

Records and other information were stored securely and confidentially.